Office of PROSECUTING ATTORNEY 30th Judicial Circuit

MICHAEL D. O'NEALL PROSECUTING ATTORNEY

KATHRYN B. O'NEALL CHIEF DEPUTY

JAMES R. LAKIN DEPUTY 128 N. CULLEN STREET RENSSELAER, INDIANA 47978 PHONE (219) 866-5321 (219) 866-4964 CHILD SUPPORT DIVISON 128 N. CULLEN STREET RENSSELAER, INDIANA 47978 PHONE (219) 866-5475

CHILD SUPPORT ENFORCEMENT/PARENT LOCATOR SERVICE IV-D NON-AFDC APPLICATION

An application for non-AFDC child support services is made with the IV-D administrator in the Jasper County Prosecuting Attorney's Office. Following your application, legal services and location efforts are provided by the IV-D administrator and the prosecuting attorney. The IV-D Office is located in the Jasper County Prosecutor's Office at 128 N. Cullen St. in Rensselaer. (219-866-5475)

To obtain an application and to ask questions, call the IV-D office. Once you have filled out the application form, a face-to-face interview is required to complete the application process. There is a onetime application fee of \$25.00 for these services which must be paid by certified check or money order made payable to: CHILD SUPPORT DIVISION, INDIANA DEPARTMENT OF PUBLIC WELFARE. Please bring this check or money order to your application interview. We cannot accept personal checks or cash. This fee may be waived if the child is receiving Medicaid benefits.

You should have the following information before you call for an appointment:

- 1. A completed application;
- 2. Names, birth dates and Social Security numbers of the children for whom you are seeking support;
- 3. Date and place of marriage to absent parent;
- 4. Copy of your divorce papers and any other orders pertaining to support;
- 5. Birth certificates for children born out of wedlock;
- 6. Your own Social Security number, date of birth and address;
- 7. Copy of the Clerk's record of support payments, or your own record of payments made by the absent parent directly to you.
- 8. Your child's Medicaid card.

Please call for an appointment. Bring the above information with the completed application and the certified check or money order to your appointment. If you cannot keep the appointment, please contact the office to reschedule.

Sincerely; Child Support Division

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 1)

State Form 34882 (R6/12-92) DFC Form 425A

Complete one application for each absent parent for whom application is made.

PRIVACY STATEMENT

CHILD SUPPORT BUREAU
Division of Family and Children
Family & Social Services Administration
402 W. Washington St. Rm. W360
Indianapolis, IN 46204

The records in this series are confidential according to 45 CFR 303.21. This agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of the agency according to 45 CFR 303.70. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.

INSTRUCTIONS (please read)

The Indiana Child Support Bureau offers child support services to persons desiring to obtain child support from a responsible parent outside the home. These services are: Complete Service or Parent Locator Only Service. ALL FEES FOR SERVICES ARE NONREFUNDABLE.

COMPLETE SERVICE: The applicant will be entitled to all services offered by the IV-D program as long as the case remains active. This service shall include the Parent Locator Service and the legal services of the local IV-D agency. These services include Establishing Paternity,/Establishing and/or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or visitation provisions, nor matters other than those associated with the support of dependent children. All support payments may be directed to the State for monitoring and disbursement. ANY COSTS INCURRED IN EXCESS OF THE APPLICATION FEE, SUCH AS COURT COSTS, WITNESS FEES, BLOOD TEST COSTS, IRS INTERCEPT FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE APPLICANT.

In addition the Tax Refund Intercept Project may be used to collect child support arrearages. Application for complete service does not guarantee, however, that your case will be submitted for tax refund intercept nor that tax refund monies will be collected. In order to certify a case for intercept, there must be a valid child support order, the absent parent must be at least \$500 in arrears, and the applicant must have the absent parent's Social Security number. If any children of the absent parent have received TANF/AFDC in the past, any collection made from an intercept will first be applied by the State to any unreimbursed public assistance on any former TANF/AFDC case. If the IRS, for any reason, reclaims all or any portion of an intercepted refund that has already been paid to you, you are obligated to repay the State of Indiana the amount reclaimed by the IRS. You authorize that any such repayment may be deducted from support collected on your behalf if other arrangements have not been made and fulfilled.

PARENT LOCATOR SERVICE: The applicant will be entitled to all resources offered by the State and Federal Parent Locator Service until a verified address is provided or all sources for location are exhausted. The payment of the application fee does not guarantee a successful location. The success will greatly depend on the applicant's own knowledge about the absent parent. If all sources of information are exhausted without a successful location, the applicant will be notified. Upon notification, the applicant will have six months to provide additional information. If no additional information is provided within the six month period, the case will be closed and the applicant notified.

TERMINATION OF SERVICES: The applicant may terminate services only if any charges due or overpayments owing are paid, by notifying the Child Support Bureau in writing that services are no longer desired. The State may terminate services only in accordance with 45 C.F.R. 303.11. Services in respect to this application will also terminate if the applicant receives TANF/AFDC.

APPLICANT'S OBLIGATIONS: The applicant is expected to fully cooperate with the local IV-D agency in the legal and non-legal preparation of the case, including, but not limited to notifying the local IV-D agency of change of address, supplemental information regarding the absent parent, reuniting with the absent parent, and other information pertinent to the case. THE APPLICANT MUST ALSO NOTIFY THE CHILD SUPPORT BUREAU AT THE ABOVE ADDRESS OF ANY CHANGE OF ADDRESS.

APPLICANT'S STATEMENT

I affirm that the information in this application is true and correct and that false information could result in perjury charges against me. I understand that I am to cooperate with the local IV-D agency in order for my case to be processed, and non-cooperation can result in termination of my case. I further understand that payment of the application fee does not guarantee successful action on the case but rather all reasonable attempts, will be made in my behalf to obtain successful results for the service requested. I have read and understand the above NOTICE.

NOTICE.		
I hereby request the following serviceComplete ServiceParent Loca		
Signature of applicant		Date signed (mo., day, yr.)
Application taken by	Fee paid	Case number
	s	

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 2) To be completed by County Office Case Number

	PART II: .	APPLICANT DAT	!A		
1. Full name of applicant (last	, first and middle initi	al)		Maiden	ı
2. Date of birth (mo., day, yr.	Sex	Race	Soci	ial Security number	:
3. Address of applicant (street	and number or rural rou	te number)		Apt. or room	number
City	State		ZIP code		
4. My mailing address is:	Same as a	bove	Different	t (if different, pr	int below)
Mailing address (street and	number or rural route nu	mber)	<u> </u>	Apt. or room numb	per
City	State		ZIP	code	
5. Telephone number (home) () Telepi	hone number ((work) ()	
6. Address of other person who	vill always know my where	eabouts:			
Name			Telephone	number ()	
Address (street, city, state	ZIP code)		Relations	ship	
7. Have you ever received an AFI in Indiana?YesNo	OC If "Yes" give of the last ch		l year	The county your case was in	Welfare check
I wish to secure support payment		DEPENDENT DA	en,	SOCIAL SECURITY	RELATIONSHIF
(Last, first, M.I.)	(mo., day, yr			NUMBER	TO ME
1.					
2.					
3.			•	•	_
4.					
5.					
6.					·
For this absent parent I desire	Parent Locator	Service	Complet	e Service	
Name of applicant	PART IV:	abskni pareni	DATA		
A. Full name of absent parent (last, first and middle)	Al	ias or maio	den name (last, fir	est, middle)
Social Security number	Date of birth	Age	Place o	of birth (city and	state)
Race	Height	Weight		Hair	Eyes
B. Absent parent's address Current Last known (years)	Street name and num	ber or rural	route numbe	er Apt. or	room number
City	State	·			ZIP code

State Form 34882 (R6/12-92) DFC Form 425A To be completed by County Office C. Employer's address Name of employer Street name and number or rural route number ___Current ___Last known ___(years) City Usual type of work D. Marital status of children's parents Date married Location married Married ____ Deserted ____ Divorced ____ Never married ____ Date separated or divorced ____ Unknown Location separated or divorced E. Complete if parent: ___ Is currently ___ Or has been in the military service F. Names of the absent parent's children. (check Rank ___ Officer ___ Enlisted Service number ___ Coast Guard blank in front of name if __ there is "No" support order G. Prior arrest record Where Date for this child.) ___Yes No The absent parent _____2.______ Address (city, state or county) Date released ___ _ __ 3._____ H. Absent parent's father's name Address (city, state or county) ____5,___ H. Absent parent's mother's maiden name ____6.___ Address (city, state or county) Verification and comments I. Other contact person for absent parent Address (city, state or county) J. COMPLETE THIS SECTION IF CHILD IS BORN OUT OF WEDLOCK (Place all other paternity information in comment section) Has paternity suit been filed? Date Place ___ Yes ___ No Has paternity been established Date Has parent ever paid support or by court order? ___ Yes ___ No medical or bought things for children? ___ Yes ___ No Amount \$ Frequency K. COURT DATA (all applicants must complete this section) Has parent ever been ordered by a court to pay support for these children? Yes No Name of court If No, has a petition been filed and a hearing pending? ____ Yes ____ No Address of court Cause number of court order AMOUNT S Frequency Absent parent paying support ____ Yes ___ No To whom does parent pay support? Date last paid Is parent paying military allotment? ___ Yes No Amount \$ TO BE COMPLETED BY COUNTY OFFICE Application taken by: Date (mo., day, yr.)

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 3)

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 4) State Form 34882 (R6/12-92) DFC Form 425A To be completed by County Office

State Form 34882 (R6/12-92) DFC Form 425A

Case Number

ASSIGNMENT FOR COLLECTION FOR PERSONS NOT RECEIVING PUBLIC ASSISTANCE

	CHILDREN'S NAMES
	5.
	6.
	7.
	8.
	AGREEMENT
myself and/or the above n Services Administration, charges due and owing to	at support payments collected hereafter from the absent parent names above on behalf of amed children will be paid to the Division of Family and Children, Family and Social and that said support payments will be paid to me by the agency after deduction of any that agency. Such charges are explained in page one of the "Application for Title IV-that agency. This authorization shall continue in effect until terminate on page one of the "Application for Child Support Services".
myself and/or the above n Services Administration, charges due and owing to	amed Children will be paid to me by the agency after deduction of any and that said support payments will be paid to me by the agency after deduction of any and that agency. Such charges are explained in page one of the "Application for Title IV-that agency. Such charges are explained in page one in effect until terminate executed by the applicant. This authorization shall continue in effect until terminate on page one of the "Application for Child Support Services".
myself and/or the above n Services Administration, charges due and owing to Child Support Services" e in the manner set forth o	amed Children will be paid to me by the agency after deduction of any and that said support payments will be paid to me by the agency after deduction of any and that agency. Such charges are explained in page one of the "Application for Title IV-that agency. Such charges are explained in page one in effect until terminate executed by the applicant. This authorization shall continue in effect until terminate on page one of the "Application for Child Support Services".